FISCAL CL SAL	1. To (Agency)	<u>□</u>	of Separation Resignation Other Retirement	3. Retireme	FS		
4. Employees Name (Last, First, Ml.) 5. Employee No.						6. Pay Plar	n and Grade/Level
7. Maiden Name (If used while employed by the Department)				8. Home or Mailing Address			
This form is to be filled separated. After making shown below are satisfact	appropriate entries	, forward it to t	he Department (See item	1 above). Final salary payment	will not be	made until all items
9. Outstanding Obligations (To be completed by officials, as appropriate)							
Types of Exceptions or Indebtedness	Entry By (Initials)	Date	Name, Symbol, Period of Accounts Vouche		Appropriation, Allotment, Number and Object		Amount of Indebtedness
U.S. General Accounting Offic (GAO) Exceptions and/or Inqui							
Travel Advances							
Travel and Transportation							
Payroll							
Effects Control							
Loaned Property							
Library Materials, Departmental							
Medical Indebtedness							
Other Indebtedness							
Total Indebtedness							
Less Check(s) or Money Order(s) Submitted by Employee							
Balance to be deducted by the United States Government							
10. Transportation Request Status (To be completed by Employee's Administrative Office) Was travel authorized at Government expense for separation?							
11. Remarks	12 Turned Name	ond Signature	f Authorized Figure Offi	oial Tisla	and Back on Division		
12. Date <i>(mm-dd-yyyy)</i>	is. Typea Name a	and Signature of	f Authorized Finance Offi	ciai, Title	and Post of Division		